U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/61/2004 Through: (2 /31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name David L. Hartzell	Name Local # 7/2 IBEW		
	Labor Organization File Number 034361		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3981 Patterson Rd.	Street 217 Sassafrass Lane		
City Aliquinppa.	City Basuer		
State Paunsy Vania ZIP Code + 4 15001	State Pennsylvania ZIP Code + 4 15009		
Position in labor organization. Recording Secretary			
Enter appropriate data below if, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests		
	usions set forth in the instructions):		
Held an interest in anguaged in transactions (including loops) with an			
nonetary value from an employer whose employees your organization	derived income or other economic benefit of ion represents or is actively seeking to represent.		
ionetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent.		
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Name and address of Employer (including trade name, if any). Name and address of Employer (including trade name, if any). Name	ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any). Name Name Name	ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any). Name and address of Employer (including trade name, if any). Name P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Jame Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
The property appearance of the contraction of the c	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name Frade Name, if any: City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the Information (incodecuments), has been examined by the signature and is to the best of the		
Name and address of Employer (including trade name, if any). Name Name	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the Information (incodecuments), has been examined by the signature and is to the lest of the		
Name and address of Employer (including trade name, if any). Name Name	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the Information (incodecuments), has been examined by the signature and is to the lest of the		

Dasie L. Harizell	· · · · · · · · · · · · · · · · · · ·	i de idelliber O-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer 11.a. Nature of such dealin		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	Tourist for the way and a majority production of the contraction of th	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Wastan Lautral Pa. Electricians Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 217 Sassafrass Laue City Beauer State Paunsylvania ZIP Code + 4 15009	or parts A and B above) or other thing of value. 14.a. Nature of payment. Dinuar in Fool & Dr	rules	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 57.00	

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1. File Number U-

3. Name and address of person filing.

E

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: (2 / 31 / 2004

4. Name, file number, and address of labor organization.

Name David L. Hartzell	Name Loca(# 112 IBEW) Labor Organization File Number 03436() P.O. Box, Building and Room Number, if any		
P.O. Box, Bldg., Room No., if any			
Street 3981 Patterson Rd.	Street 617 Sassafrass Lane		
City Miquippa Pa.	City Bewer		
State Pennsylvania ZIP Code +4 15001	State Pennsylvania ZIPCode+4 15009		
5. Position in labor organization. Recording Secret			
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	r derived income or other economic benefit of tion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZiP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	wing documents) has been examined by the cignatory and in to the heat of the		
Signed	on 08/16/65 724-378-1690		
	Dafe Telephone Number		

Name of Person Filing David L. Hartzell	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business stively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing.	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered unde	12.b. Amount. er parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Wastern Cantral Pa. Electricians Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Z17 Sassafrass Lane City Beauer State Permaylvania , ZIP Code + 4 15009	14.a. Nature of payment. Apprountice ship Baugust Food and Drinks	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	56.00

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	01/01/2004 Through(2 /31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name David L. Hartzell	Name	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 3981 Patterson Rd	Street	
City Alignippen	City	
State Pannsylvania ZIP Code + 4 15001	State ZIP Code + 4	
5. Position in labor organization.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.5. 7 WIOGHE	
City		
State ZIP Code + 4		
Sign		
15. Signature and verification. The undersigned declares, under penalty of i submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ng documents), has been examined by the signatory and is, to the heat of the	
Signed To Zill outph	on 08/16/05 724-378-1690 Date Telephone Number	

Name of Person Filing David L. Hartzoll		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	orwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	5
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	\$ AMARIAN TO THE STATE OF THE S
	12.b. Amount.	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Wastarn Central Pa, Electricians Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Z(7 Sessafrass Lame City Beaver State Pennsylvania ZIP Code + 4 (500)	14.a. Nature of payment. Food and T Knoxville	>riules
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 525.00